

ENT LOAN MARKETING ASSOCIATION
SMART LOAN Origination Center
P.O. Box 1304
McMinnfield, Virginia 22116-1304

61

Application/Promissory Note

Section I: Personal Information

1. LAST NAME Sharkey	MIDDLE INITIAL C.	1A. STREET ADDRESS [REDACTED]	1B. CITY STATE San Francisco CA	4. DAYTIME TELEPHONE [REDACTED] 1662
LAST NAME Ann	NUMBER AND STREET [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED] 7066	ZIP [REDACTED]	EVENING TELEPHONE [REDACTED] -1662
2. CITY STATE [REDACTED]	3. DATE OF BIRTH (MONTH/DAY/YEAR) [REDACTED] -60			

My Employer is:
Panos' Restaurant
 NUMBER AND STREET
[REDACTED]
 CITY STATE
San Francisco, CA

Name and Address of a Relative Who Does Not Live With Me	Name and Address of a Non-Relative
5. LAST NAME Sharkey	7. LAST NAME Vowels
MIDDLE INITIAL Maurice R.	MIDDLE INITIAL Donald
NUMBER AND STREET [REDACTED]	NUMBER AND STREET [REDACTED]
CITY STATE Chicago IL	CITY STATE Evansville, IN
ZIP CODE [REDACTED] 16018	ZIP CODE [REDACTED] 17239

Section II: Student Loan Information (Please read instructions carefully.)

8. NAME AND ADDRESS OF CREDITOR	9. APPROVAL DATE (See Box)	10. TYPE OF LOAN (GSL, etc.)	11. INTEREST RATE	12. DATE OF FIRST PAYMENT YEAR	13. ACCOUNT NUMBER	14. ESTIMATED CURRENT OUTSTANDING BALANCE
11. Sallie Mae - Loan Servicing Center P.O. Box 309, Lawrence, KS 66044	X	GSL	10.4	9/85 9/86 9/87	666-1	17,000
12. Sallie Mae - Loan Servicing Center P.O. Box 309, Lawrence, KS 66044	X	ALAS/ SLERS	10.4	9/85 9/86 9/87	666-1	10,000
13. University Accounting Service, Inc. 180 N. Executive Dr., Brookfield, Wis. 53005	X	Perkins K-95	5	9/85 9/86 9/87	7066	2,553.73

Enter an "X" in this column if you have selected the loan for consolidation.

(If you need to list additional loans, attach another sheet.)

If any of the loans indicated above are GSLS and you are currently in your grace period on these loans, please complete the upper right hand corner of the application (Item #8), by writing the word "Grace" and indicating the date of your grace period and end date.

To Sallie Mae by means of this application, I am applying to have my loans consolidated into a SMART LOAN Account at Sallie Mae, as allowed under Section 428C of the Higher Education Act of 1965, as amended ("The Act"). If Sallie Mae accepts this application, it is my understanding Sallie Mae will advance funds on my behalf to creditors who currently hold one or more loans named above which I heroin select for consolidation in my SMART LOAN Account. The funds so advanced by Sallie Mae will be disbursed to the holder(s) of the loans designated above in order to pay off those loans. I further understand that the amount of my SMART LOAN will equal the sum of the amounts which my creditors will receive on the payoff/balance of the selected loans. This amount may be more or less than the current total balance (date indicated above). If the verified total balance on loans to be consolidated exceeds my credit by \$500 or more, Sallie Mae will reduce my balance by my loan. If the amount that Sallie Mae advances to my lender exceeds the amount needed to pay off my balances, I understand that the lender will refund the excess to Sallie Mae for application in a just the outstanding balance of my SMART LOAN account. Similarly, if I am consolidating ALAS loans called LAS, Supplemental Loans for Student loans and my interest rate on my consolidation loan is higher than 9%, Sallie Mae will notify me prior to originating the SMART LOAN.

Section III: REPAYMENT OPTIONS/Combined Payment Plan

All Borrowers: Check One

HEAL Borrowers:

15. I choose the MAX-2 OPTION with two years of interest-only payments. I choose the MAX-4 OPTION with four years of interest-only payments. I choose a LEVEL PAYMENT PLAN.
16. Yes, I am applying for a Combined Payment Plan. Please include in this plan all of the HEAL loans listed above.

Section IV: General Information (Please read and sign in both places indicated.)

17. PROMISE TO PAY
I, the undersigned borrower, promise to pay to the Student Loan Marketing Association (Sallie Mae) or Student Loan Marketing Association, Department of Revenue, Comptroller, Bank 5997, Lake View, IL 60047, or any other creditor(s) as designated by Sallie Mae, all amounts so advanced to me, to him or her, directly or indirectly, on the principal and principal balance, plus the rate described on the reverse side hereof, all in accordance with a repayment schedule to be furnished to me, and to pay all late charges, reasonable attorney's fees, and other expenses permitted by law and incurred by Sallie Mae in the collection of any amount not paid when due. I understand that the amount of my loan will be based on the payoff/balance of loans selected for consolidation as provided by the creditor(s) of such loans and may exceed my estimate of such payoff/balance. My signature below certifies that I have read, understood, and agreed to the conditions and covenants set out in the terms hereon and on the reverse side hereof and have received a copy of this application/promissory note.

APPLICANT CERTIFICATION

I hereby swear that I am in repayment status or for a grace period prior to disbursement, and no more than 30 days delinquent on any of the loans I have chosen for consolidation. I also certify that (1) No other co-signer on loan application pending with another lender and (2) if Sallie Mae does not hold any of my loans selected for consolidation in the section above or (3) I have already joined the consolidation plan for my HEAL loans I have sought and been denied a consolidation loan from any other holder(s) of the loans for consolidation. I further certify that I do not owe any funds on any Perkins, PLUS, PEDS, or other federal student loans.

I certify that the above information is true and correct. I have read the material and understand my rights and responsibilities under the loan consolidation program.

THE APPLICATION/PROMISSORY NOTE WILL BE GOVERNED BY FEDERAL LAW APPLICABLE TO CONSO/LATION LOANS

CRIMINAL PENALTIES
WARNING: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fine or imprisonment under the United States Criminal Code and Section 470 of the Act.

18. APPLICANT SIGNATURE

X Ann C Sharkey

DATE
March 6, 1989

SLMA-3

PERMISSION TO VERIFY LOAN BALANCES

I, whom it may concern, I hereby authorize you to release to Sallie Mae, for purposes of verifying student loan information in order that I may consolidate my student loans into a consolidated loan or enter into a combined payment plan pursuant to the Higher Education Act of 1965, as amended, any information concerning my student loans that Sallie Mae requires in connection with such loan consolidation or a combined payment plan. This information is for the use of Sallie Mae in order during my student loans or releasing my HEAL loans as part of a combined payment plan. A copy of this authorization may be deemed to be an original.

But a prompt reply and cooperation will help to expedite my loan consolidation. Thank you.

APPLICANT SIGNATURE

X Ann C Sharkey

DATE
March 6, 1989 LOC NO
766

SALLIE MAE COPY

EXHIBIT

1